SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guid	de explains how to complete this form.	2 Total pages filed:
3 COMMITTEE NAME		OFFICE USE ONLY
Horys Co	centy Parks for People	Date Received RECEIVED
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1/ Tauglowold, San Mavas,	JAN 1 5 2021
Change of Address	Tx 78666	
		Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS)MRS/MR FIRST MI	Receipt # Amount \$ Date Processed
	NICKNAME LAST SUFFIX	Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 1940 6ibralter, Saum	STATE; ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (5/2) 9/3-4742	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election Runoff	Exceeded Modified Reporting Limit Dissolution (Attach PAC-DR) 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year 10/25/2 THROUGH	Month Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special	and Election

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	fays County	Parks for People	13 Filer ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE		
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (office)	holder)
OPPOSE (Candidate or Measure)			
ASSIST (Officeholder)	MEASURE	BOUR Proposition A Mont	ELECTION DATE th Day Year 1/3/20
,		County parks ofer	a space bond
15 CONTRIBUTION TOTALS	PLEDGES, LOAN	ED POLITICAL CONTRIBUTIONS (OTHER THA S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)	s E
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS	\$22,782.63
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 68,208,93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTI	AST DAY \$	
OUTSTANDING LOAN TOTALS		LAMOUNT OF ALL OUTSTANDING LOANS AS E REPORTING PERIOD	OF THE \$
16 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.			
JENNIFER ANDERSON Notary Public, State of Texas Comm. Expires 10-01-2024 Notary ID 11208551 AFFIX NOTARY STAMP/SEALABOVE			
Sworn to and subscribed before me, by the said Lucy Johnson , this the			
day of, 20, to certify which, witness my hand and seal of office.			
Sandr	JA	derson	Wotary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17	Hays County Parks for People 18 Filer ID (Ethics Con	nmission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22,782.63
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	SCHEDULE E: LOANS	\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 68,013, 25
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 195.68
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) State; Principal occupation / Job title (See Instructions Employer (See Instructions) Full name of contributor Amount of contribution (\$) out-of-state PAC (ID# Date Principal occupation / Job title (See Instructions) Employer (See Instructions) anne Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date State; Zip Code (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date

Contributor address:

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Date 7 Amount of contribution (\$) out-of-state PAC (ID# Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date Principal occupation / Job title (See Instructions real estate inves Amount of contribution (\$) Principal occupation / Job title (See Instructions) siglo Grou Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date Contributor address: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME HOYS County Parks for People	3 Filer ID (Ethics Commission Filers)
4 Date / 5 Full name of contributor out-of-state PAC (ID#:) 10/29/20 Brende Jenkins	7 Amount of contribution (\$)
10/29/20 Brende Tenkins 6 Contributor address; City; State; Zip Code 280/ Summit Dr., Saumarcos TX 78666	100.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 5 r. V.P Program Management ECM J	International
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Date 11/4/20 George Cofer Contributor address; City; State; Zip Code 3306 Gentry Dr, Austin Ty 28746	10.00
Principal occupation / Job title (See Instructions) Employer (See Instruct Aill Count	try Conservancy
Date Full name of contributor out-of-state PAC (ID#:) O 26/20 Contributor address; City; State; Zip Code 153/5 W.H.wy 7 Austin x 78738 2806	Amount of contribution (\$) 2,500,80
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Date Full name of contributor out-of-state PAC (ID#:) Date Doucet + Assec Contributor address; City; State; Zip Code	Amount of contribution (\$)
7401 B WHWY/1 Austin 1x 7873	35
Principal occupation / Job title (See Instructions) Consultants Employer (See Instructions) eugunous	3

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5	
2 FILER NAME	Hays Parks for People	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See In	nstructions)	
Date /	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
11/9/20	Save Our Springs Alliance Contributor address, City; State; Zip Coo. 905 W. Storf Anstrin Tx 7876 Sinte A	500,00	
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)		
	nouprofit envir group		
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	
11/9/20	Shield Land Stewwordship Coversion of Shield Land Stewwordship Coversion of State; Zip Cod 3939 Bee Care Rd. Austin, TX Swite C-100 78746	VI CON AN	
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)	
Date 11/9/20	Full name of contributor out-of-state PAC (ID#:	- 1	
Principal occup	cousultants Employer (See Instructions)	structions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) out-of-state PAC (ID# Date Employer (See Instructions) Principal occupation / Job title (See Instructions) name Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date Zip Code Contributor address; City; State; Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Contributor address; State: Zip Code City: Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form. Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Hays County Pourk	s for People 3 Filer ID (Ethics Commission Filers)	
4 Date 10/27/2 0	5 Payee name Barton Publication	1s/Hays Free Press	
6 Amount (\$) 13/5.50	7 Payee address; 113 W. Center S	St. Kyle TX 78640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Newspaper ads	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date 11/11/20	Gap Strategies		
Amount (\$) 33,161.75	Payee address; 3470 TackeC Hoy	s Trail, Buda Tx 78610	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	online social medica, mailers, phone + text banking	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date 10/26/20	Moerley View/Son	Marcos Record/Tejas Media	
Amount (\$)	Payee address;	City; State; Zip Code	
5536.00	P.O. Bex 1109 Sou	Marcos Tx 78667-1109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description perosper ada	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense
Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date City; 6 Amount (\$) State: Zip Code (b) Description (See Categories listed at the top of this schedule) 8 **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) State; Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to com	mplete this form.	
1 Total pages Schedule I:	Hays County Parks for	Teople 3 Filer ID (Ethics Commission Filers	rs)
4 Date / 11/6/20	5 Payee name Donor Box + Stripe		
6 Amount (\$) Expenditure from corporate funds	7 Payee address; 5 3th St. Sinta 900 Sour Francèsco Ct	City; State; Zip Code A 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Solicitation online Fundamensing	(b) Description (See instructions regarding type of information required. online donation fees forplatform + processing	
Date 12/30/20	Payee name Ozova Bank S Suito 205	SaiMarcos TX 78666	
Amount (\$) 12.00	Payee address; 1917 Duttou Drive	City; State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.) Sept-Dec (3/wo)	
Date	Payee name		
Amount (\$) Expenditure from corporate funds	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$) Expenditure from corporate funds	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	